

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>09/763289</i>		FILING DATE	
						APPLICANT(S) <i>Li</i>			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/						51		
2		/					52		
3		/					53		
4		/					54		
5		/					55		
6		2					56		
7		2					57		
8		2					58		
9		2					59		
10		2					60		
11		2					61		
12		2					62		
13		/					63		
14		/					64		
15		/					65		
16		2					66		
17		2					67		
18		2					68		
19		2					69		
20		2					70		
21		2					71		
22		2					72		
23		2					73		
24		/					74		
25		/					75		
26		/					76		
27		/					77		
28		/					78		
29		/					79		
30		/					80		
31							81		
32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	44						TOTAL IND.		
TOTAL DEP.							TOTAL DEP.		
TOTAL CLAIMS	45						TOTAL CLAIMS		